



LAKEVIEW MEDICAL CENTER
Cardiac Imaging Center
2000 Meade Parkway, Suffolk, VA 23434
Cardiac / Vascular CTA Physician's Order
To Schedule Call (757) 934-9308



Name: _____ Date of order: _____

MRN: _____ DOB: _____ Sex: Male Female

Patient Phone Numbers: Home: _____ Work: _____ Cell: _____

Insurance: _____

Scan Appt Date: _____ Ordering Dr: _____
(Printed Name)

Scan Appt Time: _____

Signature: _____
(Ordering Doctor)

Pre-Scan Testing & Education is required!

Procedure	X	Risk Factors
<input type="checkbox"/> CT Coronary Artery Calcium Scoring* <small>(Non-Contrast Screening test which images sections of the heart and evaluates the coronary arteries for blockage through calculation of the calcium score.)</small> <small>* Screening Calcium Scoring exams are not billable to insurance; payment is requested at time of service.</small>		Abnormal EKG
		Angina, Unstable Angina
		Chest pain atypical
		Chest pain pre-cordial
		Chest pain unspecified
		Chronic Ischemic Heart Disease
		Congenital Heart Disease
		Coronary Atherosclerosis (CAD)
		Diabetes
		Family history of Heart Disease or Heart Attack
		Family history of Stroke
	High Blood Pressure	
<input type="checkbox"/> CT Coronary Artery Angiography <small>(Contrast enhanced test of the coronary arteries for evaluation disease)</small>		High Cholesterol
		History of CHF
		History of MI
		Males Over 45 or Females Over 55
		Overweight 20 Pounds or More
	Patient concerned about the risk of heart disease	
<input type="checkbox"/> CT Coronary Electrophysiology <small>(Pre-procedure test for patients undergoing Radio Frequency Catheter Ablation or Biventricular Pacing Catheter Placement)</small>		Pericarditis
		Physical Inactivity
		Pulmonary Insufficiency
		Shortness of breath
		Smoker
		Stress
	Other (Specify): _____	
<input type="checkbox"/> CT Chest Angiography <small>(Contrast enhanced test of Aorta, Lungs & Heart)</small>		
<input type="checkbox"/> CT Head & Neck Angiography <small>(Contrast enhanced test of the Head & Neck)</small> <small>Note: Please specify vessels of interest</small>		Syncope
		TIA
		CVA
		Dizziness
		Orthostasis
		Other (Specify): _____

	X	Risk Factors
<input type="checkbox"/> CT Abdomen Angiography <small>(Contrast enhanced test of the Abdomen)</small> <small>Note: Please specify vessels of interest)</small>		Hypertension (Renal Artery Stenosis)
		Abdominal Bruit
		Claudication
		Leg Pain
		Cold Extremity
		Leg Fatigue
<input type="checkbox"/> CT Abdomen & Pelvis Angiography		Pulseless Extremity
		Other (Specify): _____
<input type="checkbox"/> with Lower Extremity Runoff <small>Note: Please specify vessels of interest</small>		
PHYSICIAN ORDERS FOR CARDIAC GATED STUDIES		
<input type="checkbox"/> Schedule patient for CT Coronary Artery Angiography at Lakeview Medical Center, Inc.		
<input type="checkbox"/> Schedule patient for Pre-Scan Testing and Education (PST) 3 days before CTA.		
<input type="checkbox"/> Oral dosing Beta Blockers (provide patient with Rx), if patient has reactive airway use alternate meds (provide patient with Rx).		
<input type="checkbox"/> Lopressor		<input type="checkbox"/> Cardizem
_____mg evening dose _____mg morning dose		_____mg evening dose _____mg morning dose
<input type="checkbox"/> IV Normal Saline 250ml @ KVO.		
<input type="checkbox"/> Nasal O2 1-3 liters per minute during exam.		
<input type="checkbox"/> Immediately prior to exam if Heart Rate is > 60 beats per minute.		
<input type="checkbox"/> Lopressor 5mg IV every 5 Min to achieve heart rate < 60 bpm, max dose 15mg.		<input type="checkbox"/> Cardizem 0.25mg/kg IV bolus over 2 min, if heart rate remains > 60 bpm may repeat dose in 5 min. If heart rate continues to remain > 60 bpm, Cardizem 0.35mg/kg IV over 2 min.
<input type="checkbox"/> NTG 0.4mg sublingual spray just prior to timing bolus contrast injection to achieve dilation of distal coronary arteries.		
<input type="checkbox"/> Post-Procedure:		
<ul style="list-style-type: none"> ▪ Vital signs every 15 minutes x 2 ▪ Normal Saline IV @ 75 ml per hour ▪ May discharge patient in 30 minutes if stable 		
Dr. Signature: _____		